

## REPORT OF EXPENDITURES AND CHECK PAYEE INFORMATION

The following information is necessary if your agency receives a contract from the Missouri Department of Public Safety

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**Name and address** of the individual who will be responsible for completing the Monthly Report of Expenditures and Request for Reimbursement. *(The Monthly Report of Expenditures and Request for Reimbursement will be mailed to this individual each month.)*

NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(Include city, state, and zip)

TELEPHONE: \_(\_\_\_\_\_)\_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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**Check Payee Information** - List the name and address of the check payee. Do not include an individual's name, *only the name and address of the agency to which the check must be made payable.*

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(Include city, state, and zip)

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Name and address of the individual to whom the check needs to be mailed. *(The check will be mailed directly to this individual each month.)*

NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(Include city, state, and zip)

TELEPHONE: \_(\_\_\_\_\_)\_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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